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| Case Number: | CM13-0059546 | | |
| Date Assigned: | 12/30/2013 | Date of Injury: | 12/05/2007 |
| Decision Date: | 04/15/2014 | UR Denial Date: | 11/08/2013 |
| Priority: | Standard | Application Received: | 12/02/2013 |

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Orthopedic Surgery, and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The claimant is a 54-year-old gentleman who was injured on December 5, 2007. The medical records provided for review included a December 22, 2013 progress report that did not document specific clinical findings, but indicated that the claimant required right shoulder arthroscopic intervention with rotator cuff repair as well as referral to an internal medicine physician, psych physician, Pain Management physician and a hand surgeon for complaints of the right shoulder and wrists. Formal physical examination findings on that date were not clear. Review of prior records revealed a previous assessment dated April 4, 2013 identifying pain at the right biceps tendon with restricted cervical range of motion and tenderness to palpation. Recommendations at that assessment were for a cervical epidural steroid injection and noted that the claimant was status post a "right shoulder injection" with no documentation of benefit. Previous imaging in regards to the claimant's shoulder was not available for review, but there was documentation of a small full thickness tear of the rotator cuff on a prior Magnetic Resonance Imaging (MRI) scan of early 2012. At present, there is a request for a shoulder arthroscopy with rotator cuff repair as well as Pain Management and hand surgery follow up.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Right shoulder arthroscopy with rotator cuff repair: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 210.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 210.

Decision rationale: Based on California American College of Occupational and Environmental Medicine (ACOEM) Guidelines, surgical intervention for rotator cuff repair is only indicated for significant tearing that impairs activity by causing weakness of arm elevation or rotation. Records in this case document the claimant's imaging of the shoulder is greater than two years old and there is no documentation to determine prior surgical intervention, recent physical exam findings or understanding of recent conservative care other than an isolated injection in April of 2013. Therefore, based upon the documentation of the 2012 Magnetic Resonance Imaging (MRI) report, the records provided for review fail to support the need for rotator cuff repair at this chronic stage in the claimant's clinical course of treatment.

Follow-up visit with pain management: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 127.

Decision rationale: Based on California American College of Occupational and Environmental Medicine (ACOEM) Guidelines, Pain Management referral would not be indicated as there is no current clinical indication as to why referral is to take place given the claimant's lack of recent physical exam findings or documentation of treatment.